

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1.
  - a. Whether there should be additional reimbursement for date of service 12/14/01?
  - b. The request was received on 05/23/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC-60 and Letter Requesting Dispute Resolution
  - b. HCFAs
  - c. EOBs
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC-60
  - b. HCFAs
  - c. EOBs
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14-day response to the insurance carrier on 06/26/01. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 07/01/02. The response from the insurance carrier was received in the Division on 07/10/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Additional Information submitted by Requestor is Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: letter dated 05/06/02  
"In this case, the carrier rendered an improper payment of \$97.00 on 7/16/2001 when it denied CPT code 95851 stating 'F' reduced to the maximum allowable reimbursement amount and 'considered an integral part of a total service performed on the same date.' However the maximum allowable amount for CPT 95851 is \$36.00 and the code was not global to CPT code 95833, resulting in an underpayment by the carrier."

2. Respondent: none submitted

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d)(1&2), the only date of service eligible for review is 12/14/01.
2. The Carrier's EOB has the denials, "F – Fee Guideline/As a result [sic] of provider billing in multiple units, reimbursement is recommended utilizing the multiple procedure rule" and "G – Unbundling/Reimbursement based on or included in the base allowance of the appropriate procedure."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
12/14/01	95851	\$36.00	\$0.00	F, G	\$36.00	Texas Workers' Compensation Act & Rules, Rule 133.304 (c), MFG, CPT descriptors	<p>The carrier's explanation of its denial "F" appears to reference a multiple procedure rule. The carrier has not explained what multiple procedure rule it believes applies to the denial of payment, thus does not afford the Requestor an opportunity to respond to the carrier's denial. Therefore, the denial "F" does not comply with Rule 133.304 (c).</p> <p>CPT code 95833 (muscle testing-total evaluation of the body, excluding hands) is the only other CPT code billed on DOS 12/14/01. The carrier has denied CPT code 95851 (range of motion) as being global to this billed charge. These two procedures are not global to one another. Therefore, reimbursement of \$36.00 is recommended.</p>
<b>Totals</b>		\$36.00	\$0.00				The Requestor is entitled to additional reimbursement in the amount of \$36.00.

#### V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$36.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 31<sup>st</sup> day of October 2002.

Larry Beckham  
 Medical Dispute Resolution Officer  
 Medical Review Division